

Name
in
Full

Mrs. Jennie Adams

CERTIFICATE OF DEATH

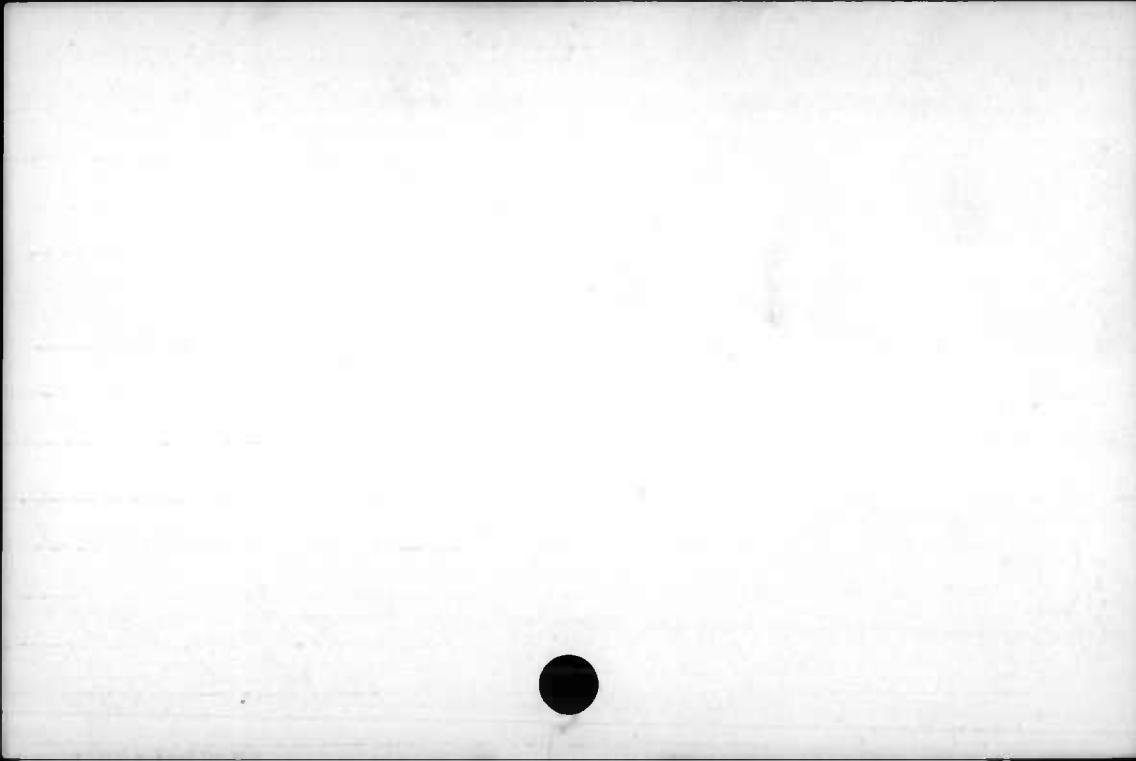
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town H Jewell		County Somerset		MARYLAND	
Date of death 190		3	Month 12	Day 30	Age 28	Years	Months Days
Sex Female		Color or Race White		Birth- place H Jewell			
Married, Single or Widowed Married		Occupation Housewife					
Name of Wife or Husband Geo Adams							
Father's Name Chas Long				Father's Birthplace Som. Co			
Mother's Maiden Name Lizzie Long				Mother's Birthplace Som. Co			
Name of person giving In formation Chas Long				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption		How long 24 years	
Immediate 1st Stage Pneumonia		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. F. Somers, M.D.	
		Address Crested Md	
Accident or Suicide?			



Name

is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chesapeake</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>17</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place			
Married, Single or Widowed <i>Widower</i>		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>John Cawsey</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile decay</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Cawsey M.D.</i>
	Address <i>over</i>
Accident or Suicide?	

from

J. N. Audubon

Nelson Branker

Town

County

Died at

Maanokin

Somerset

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

12

1

Age

63

Md.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Naniet Branker

Mother's

Name

Cause of

Primary

Abscess of jaw

Death

Immediate

Septicaemia

How long sick

4 mos.

~~Accident, Suicide, Homicide~~

Reported by

Dr G. W. Gill

Address

Maanokin

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Burton

CERTIFICATE OF DEATH

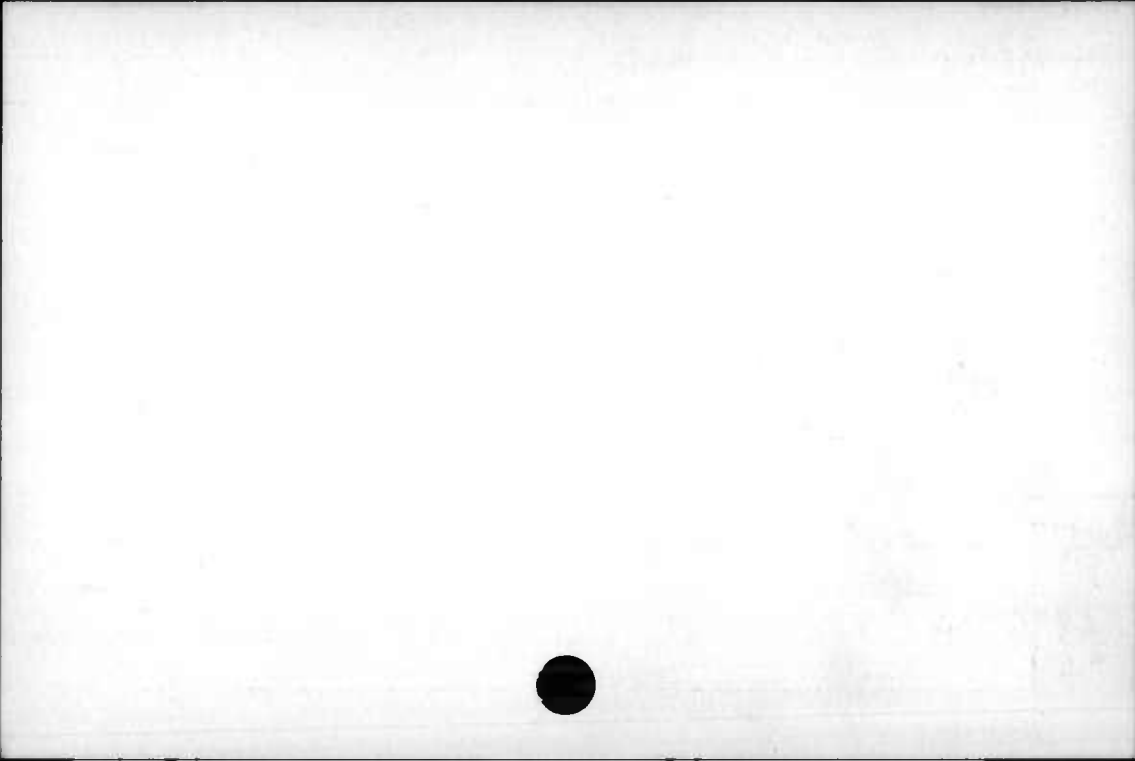
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tells Corner</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>31</i>	Age <i>28</i>	Years <i>28</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Worcester Co Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housekeeping</i>				
Name of Wife Husband <i>Charlie Burton</i>							
Father's Name <i>John Bailey</i>			Father's Birthplace <i>Worcester Co Md</i>				
Mother's Maiden Name <i>Pollie</i>			Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Charlie Burton</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>2 years</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Hall</i>
	Address <i>Orizfield Md</i>
Accident or Suicide? <i>no</i>	



Name In Full

Certificate of Death

Ida Christy

Town

County

Died at

Lorisheld

Somerset

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

11 2 28

Age 20

Md

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband

of +

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

1.8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall

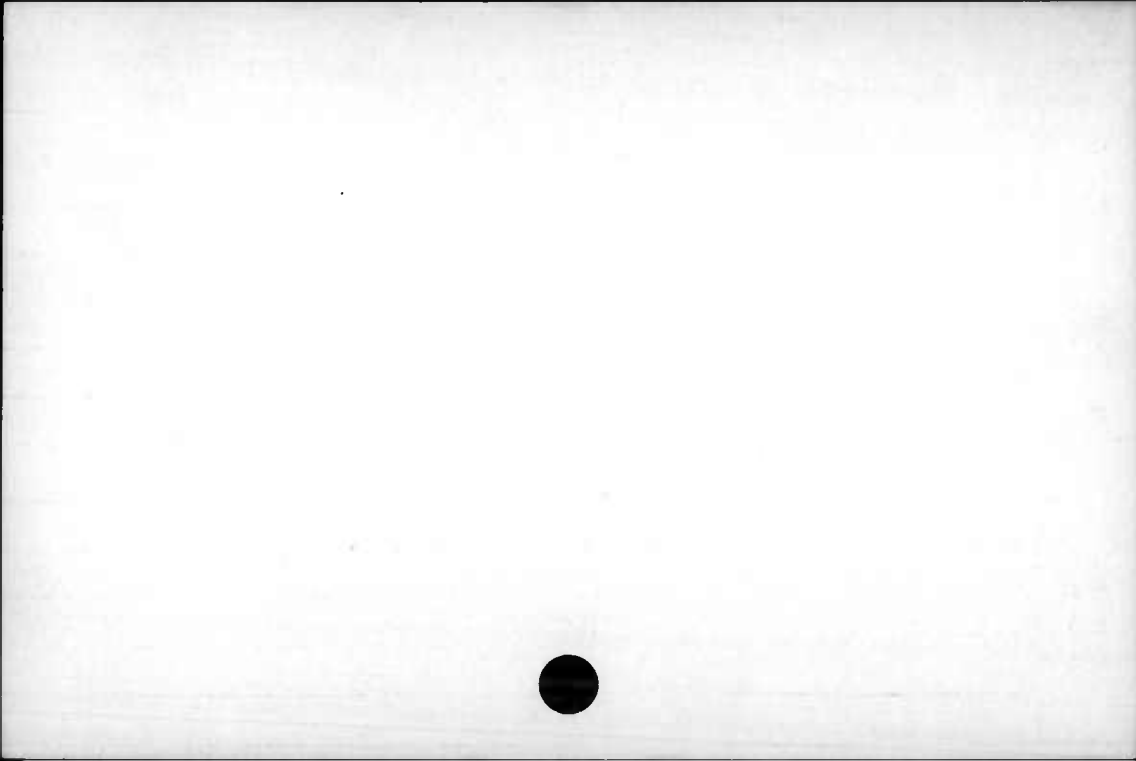
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full Annie Maria Cottman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Crisfield <small>Town</small>		Somerset <small>County</small>
	Date of death 190 3 <small>Month</small> Dec <small>Day</small> 21 <small>Year</small> 66		MARYLAND <small>Months</small> - <small>Days</small> -
	Sex Female	Color or Race Mullatto	Birth-place Md
	Married, Single Widowed		Occupation House work
	Name of Wife Samuel Selby <small>Husband</small>		
	Father's Name Samuel Hall	Father's Birthplace Md	
	Mother's Maiden Name -	Mother's Birthplace Md	
Name of person giving information Annie Cottman		How related to deceased Daughter	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Dysentery, drug habit.	How long -	
	Immediate Asthemia	How long -	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. H. Leoubourne	
		Address Crisfield, Md.	
	Accident or Suicide?		



CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cottage* ^{Town} *Grove*

County
Somerset

Date of death 1903	Month Dec
-----------------------	--------------

Day
13

Age ^{Years} 80

Months

Days

Sex

Color or Race

Calverton

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or Husband

E. L. Linn, E. C. Catmon

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Hester Hator

Mother's Birthplace

Name of person giving
Information

James, H. Bathman

How related
to deceased

CAUSES OF DEATH

Primary

Old Age

How long

Immediate

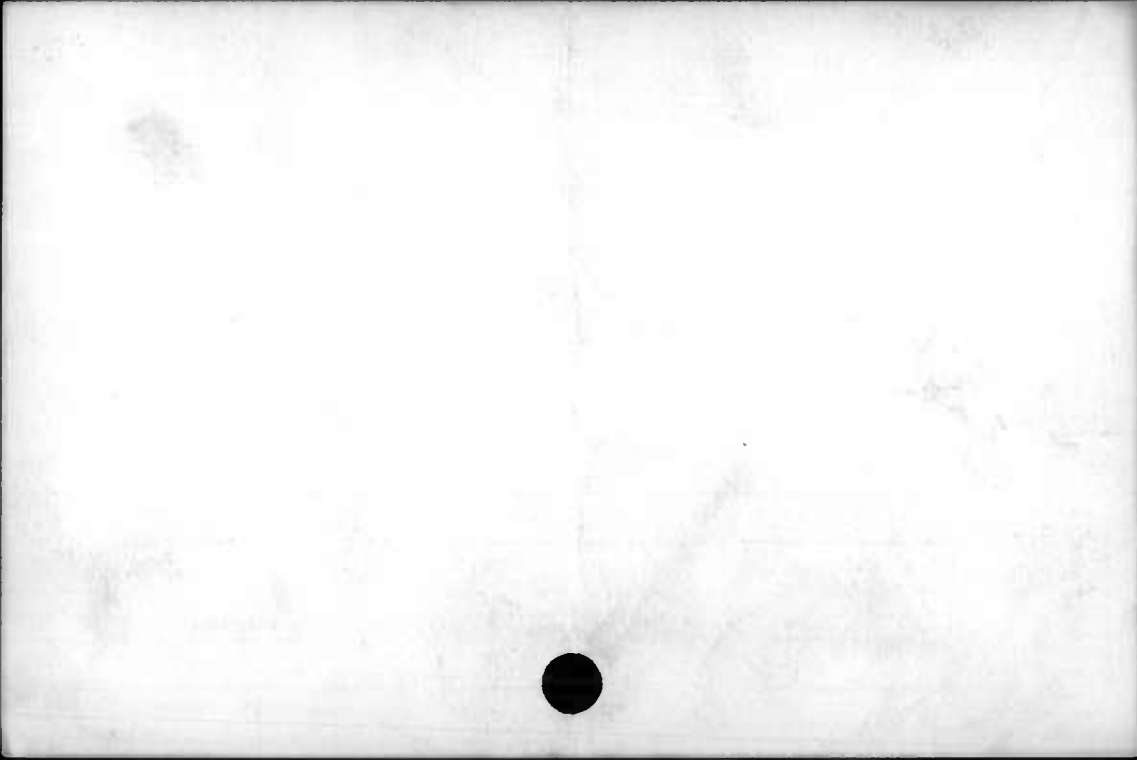
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>45</i>	Years	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>				
Married, Single or Widowed <i>married</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband <i>Sam P. Dashill</i>							
Father's Name <i>Joseph W. Ellish</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Margie J. E</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Sam P. Dashill</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of breast</i>	How long <i>2 years</i>
Immediate <i>Asthma</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. G. Alexander</i>
	Address <i>Deals Island, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Near P. Deane

Town

County

Cannonsville

MARYLAND

Date

of death 1903

Month

Dec

Day

16

Age

Years

46

Months

-

Days

-

Sex

female

Color or
Race

Black

Birth-
place

MD

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Wm. W. Deane

Father's
Name

Eugene Miles

Father's
Birthplace

MD

Mother's
Maiden Name

Cecilia Miles

Mother's
Birthplace

MD

Name of person giving
Information

Wm. C. Deane

How related
to deceased

Son

CAUSES OF DEATH

Primary

Circ 20 long time

How long

Immediate

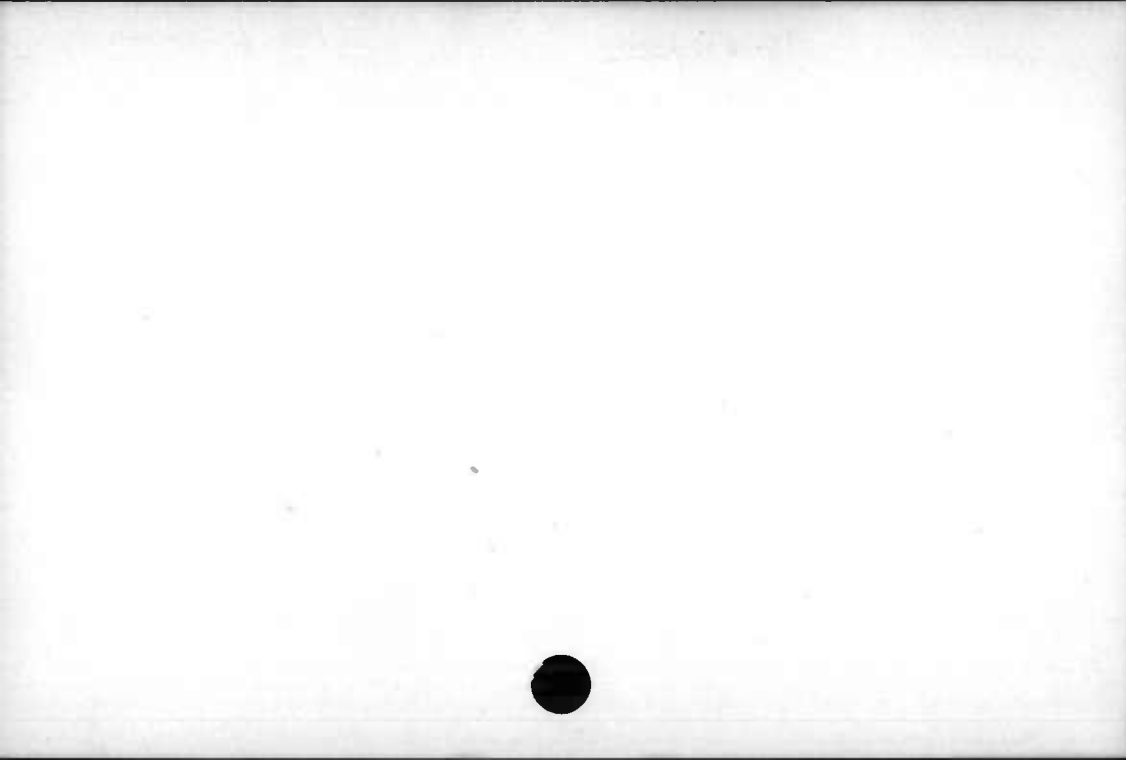
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

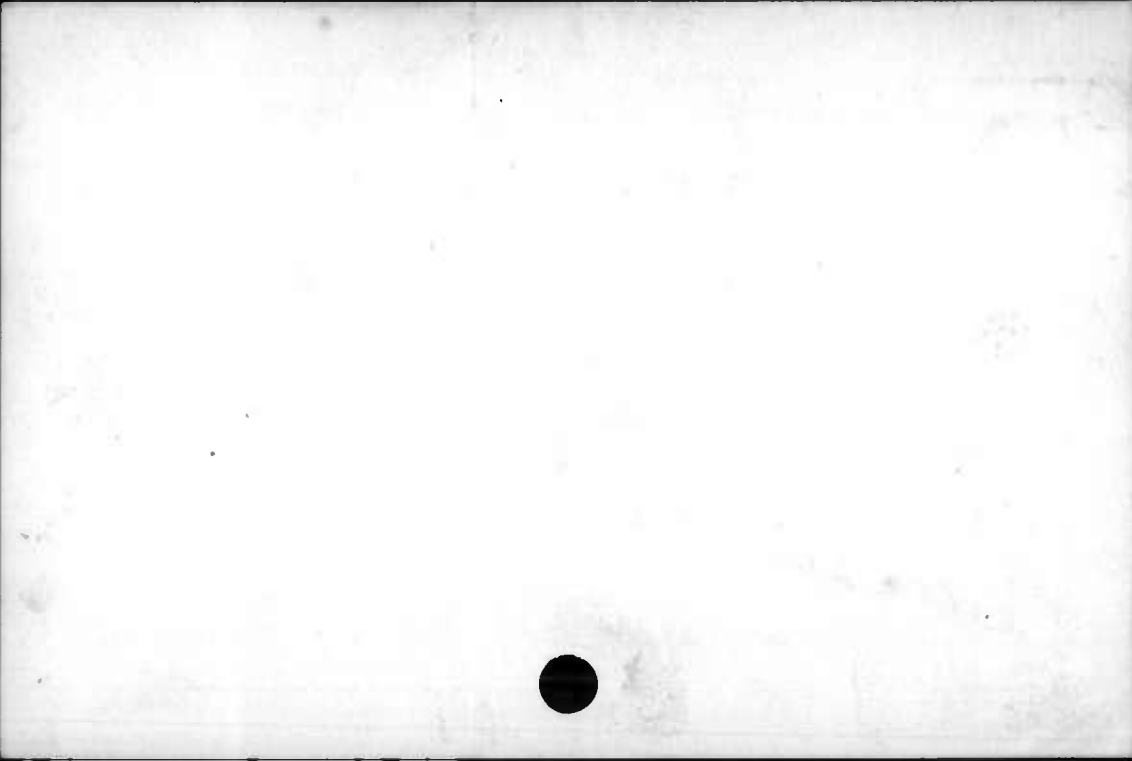
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month Dec	Day 20	Age 63	Years	Months	Days	
Sex Female	Color or Race White		Birth- place Lb. Friend				
Married, Single or Widowed Married			Occupation Housekeeping				
Name of Wife or Husband Harry T. Ford							
Father's Name Capt. John G. Mearns				Father's Birthplace Md.			
Mother's Maiden Name Miss Harveth				Mother's Birthplace "			
Name of person giving In formation L. J. Maddox				How related to deceased Niece			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long Several years
Immediate "	How long one week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. E. S. Miles
	Address [Redacted]
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

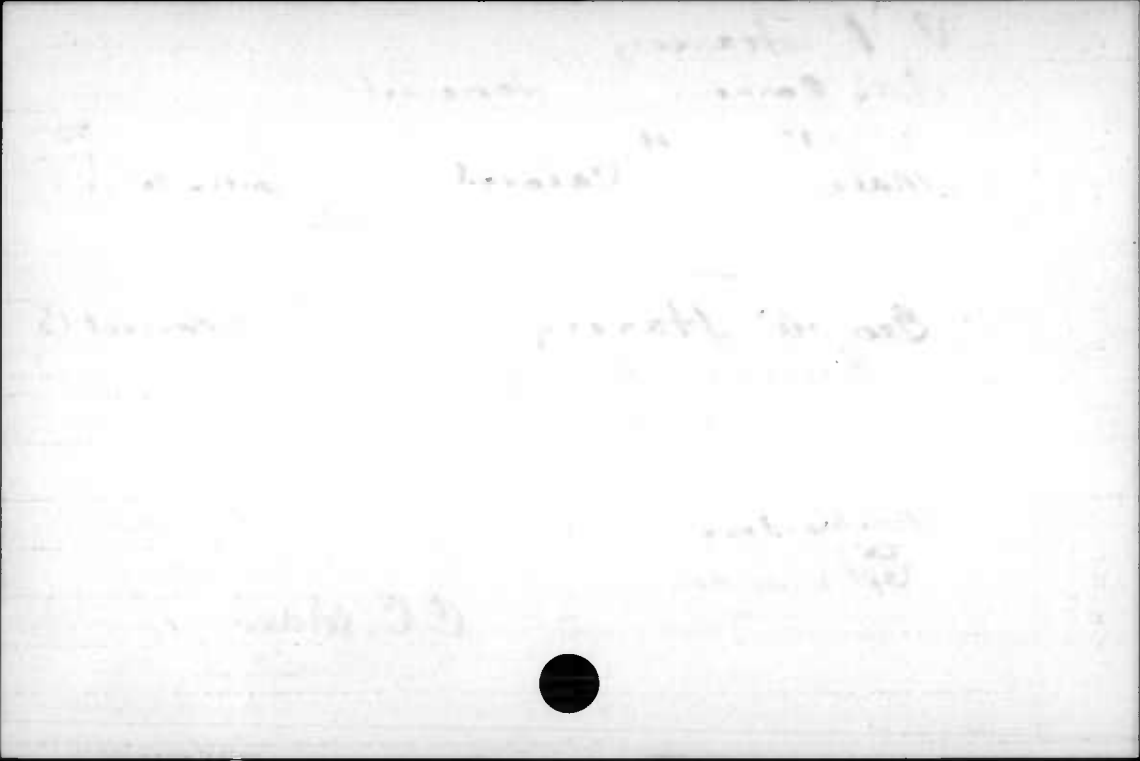
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cutfield.</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec-</i>	Day <i>25-</i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Female-</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co. Md.</i>					
Married, Single or Widowed <i>Married.</i>		Occupation <i>House wife.</i>					
Name of Wife or Husband <i>Melvin H. Ganley.</i>							
Father's Name <i>W. H. Roach-</i>		Father's Birthplace <i>Somerset Co.</i>					
Mother's Maiden Name <i>Caroline T. Ro Ganley.</i>		Mother's Birthplace <i>Somerset Co.</i>					
Name of person giving information <i>Julio S. Allen</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Suicide -</i>	How long
Immediate <i>at once</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>D. T. Allen</i>
	<i>Cutfield. Md.</i>
Accident or Suicide?	



Name
in
Full

C R Starsey

CERTIFICATE OF DEATH

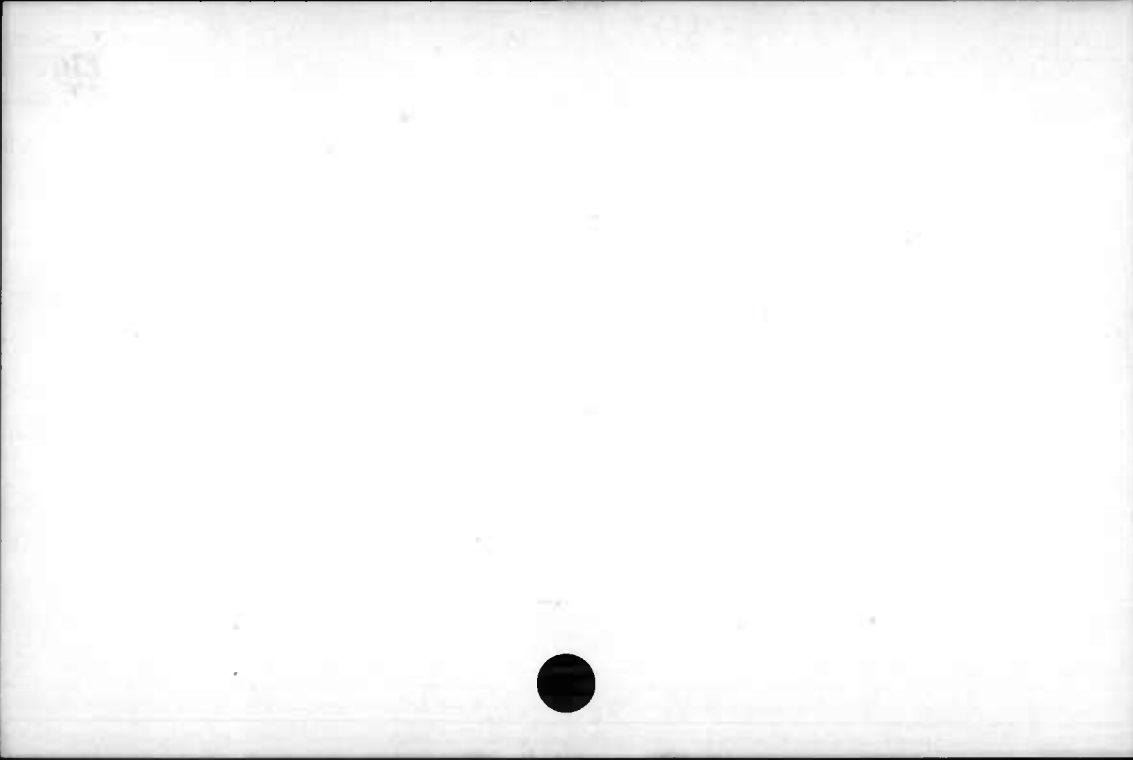
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tall's Corner</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND						
Date of death 190	<i>3</i>	Month	<i>12</i>	Day	<i>4</i>	Age	<i>—</i>	Months	<i>8</i>	Days	<i>25</i>	
Sex	<i>Male</i>			Color or Race	<i>Colored</i>			Birth-place	<i>Tall's Corner</i>			
Married, Single or Widowed					<i>—</i>							
Name of Wife or Husband					<i>—</i>							
Father's Name					<i>Geo W Starsey</i>					Father's Birthplace		<i>Somerset Co</i>
Mother's Maiden Name					<i>Amanda Standy</i>					Mother's Birthplace		<i>Worcester Co</i>
Name of person giving information					<i>Geo W Starsey</i>					How related to deceased		<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Membranous</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. C. Ward</i>
		Address	<i>Crisfield</i>
Accident or Suicide?			<i>md</i>



Name
in
Full

Isaac Horsey

CERTIFICATE OF DEATH

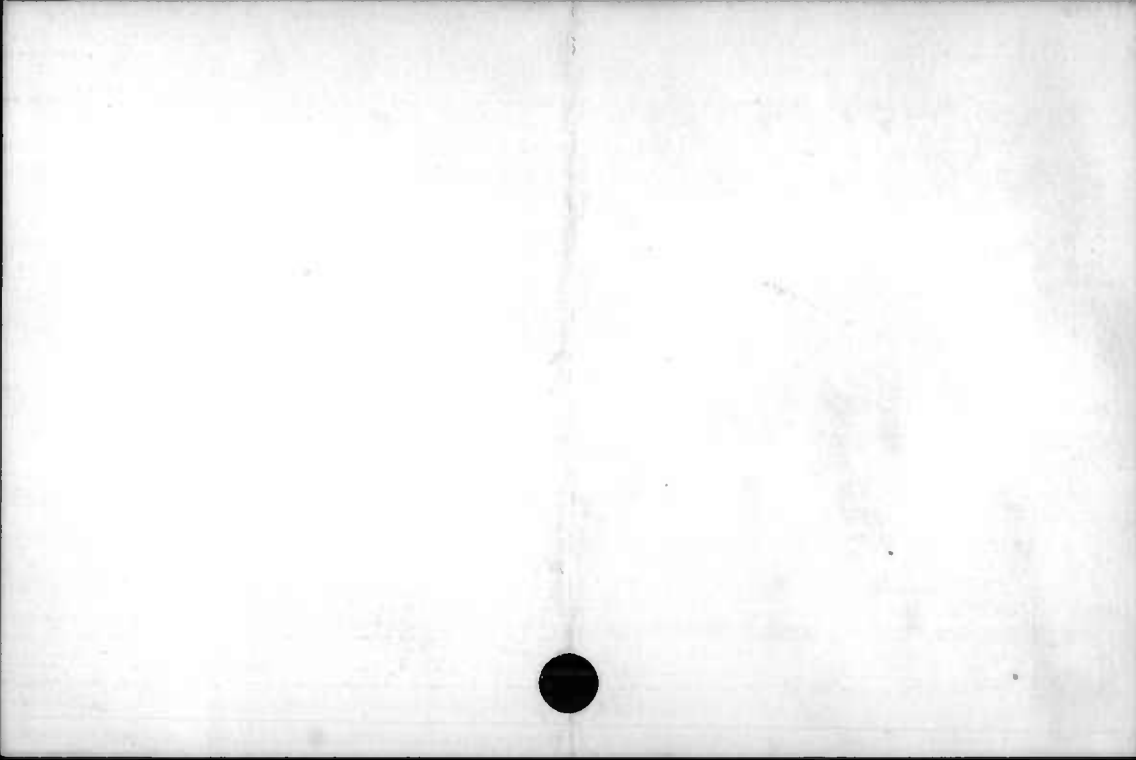
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>57</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Dorchester Co</i>	
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Mollie Horsey</i>					
Father's Name <i>Ephraim Horsey</i>				Father's Birthplace <i>Dorchester Co</i>	
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Wm Horsey</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

- PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>About 2 yrs</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Carrie May Johnson

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12

8

Age 20.

Md

School Teacher

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

~~Immediate~~

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

1-2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John St. Jones

Died at Beale Island ^{Town} Somerset ^{County}

MARYLAND

Date of death 190 3 ^{Month} Dec ^{Day} 5 ^{Years} 70 ^{Months} ^{Days} Sex Male Color or Race white Birth-place Beale IslandMarried, Single or Widowed Married Occupation WatermanName of Wife or Husband Elizabeth L. JonesFather's Name Joseph Jones Father's Birthplace MedMother's Maiden Name Milvie A. Webster Mother's Birthplace MedName of person giving information Elizabeth L. Jones How related to deceased wife

CAUSES OF DEATH

Primary Cerebral Haemorrhage How long 6 daysImmediate Asphyxia How long 2 daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician St. AlexanderAddress Somerset Co.Accident or Suicide? PHYSICIAN
OR CORONER



Name
in
Full

Sae Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hopewell</i>		Town		<i>Summit</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>20</i>	Age	Years <i>30</i>	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hopewell</i>						
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>							
Name of Wife or Husband									
Father's Name <i>Mrs. Miles</i>					Father's Birthplace <i>Hopewell</i>				
Mother's Maiden Name <i>Eliza</i>					Mother's Birthplace <i>79</i>				
Name of person giving Information <i>Mrs. B. Nelson</i>					How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>1 year</i>
Immediate <i>Emphysema of Lungs</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Somers</i>
	Address <i>Croft's Rd</i>
Accident or Suicide?	



Name
in
Full

Eleanor Mills

CERTIFICATE OF DEATH

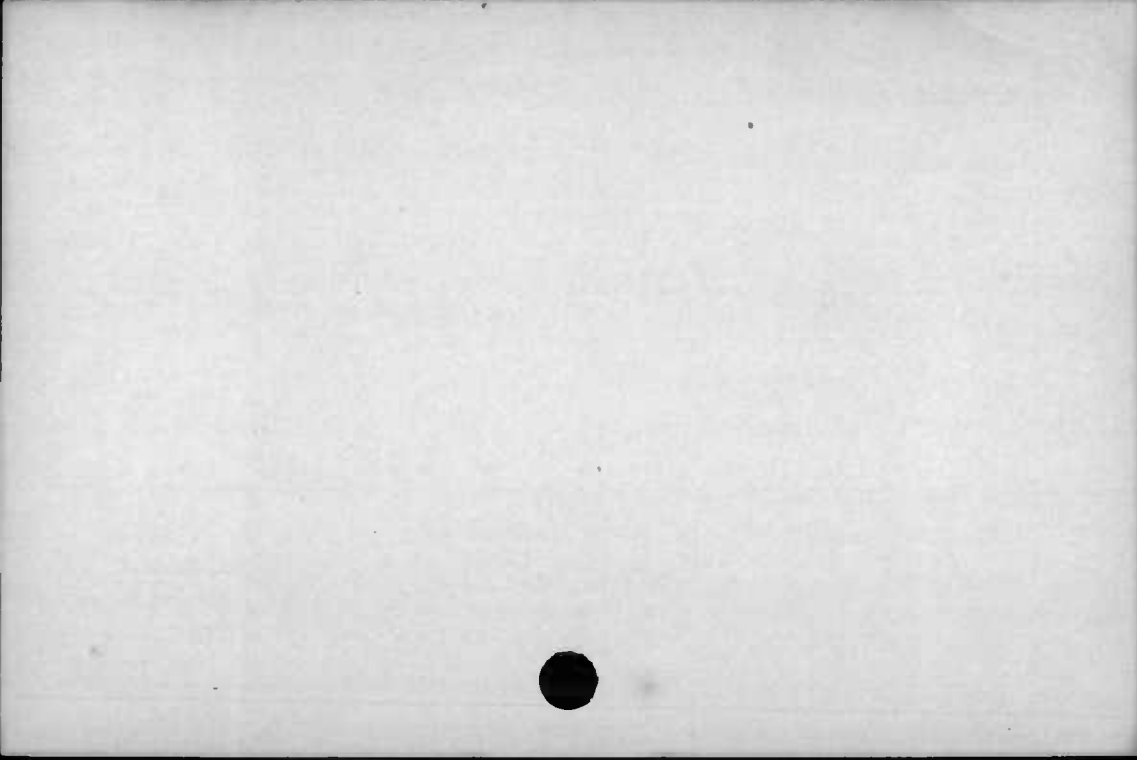
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westport		County Somerset		MARYLAND	
Date of death	1903	Month Dec.	Day 12	Years Age	66	Months	Days
Sex	Female		Color or Race	White		Birth- place	Worcester Co. Md.
Occupation	Housewife			Where Residing if not at place of death at home			
Married, Single or Widowed	Married		Name of Wife or Husband	Daniel H. Mills			
Father's Name	Benjamin Dryden					Father's Birthplace	Worcester Co. Md.
Mother's Maiden Name	Dryden					Mother's Birthplace	" " "
Name of person giving In formation	Samuel C. Hitch					How related to deceased	Son in Law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	No Doctor attended her		How long	about a week
Immediate	She was subject to vertigo		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Geo. C. Hill
Undertaker			Address	Salisbury
Accident or Suicide?			Maryland	



Name
in
Full

Lavinia Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin District</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>12</u>	Years Age <u>81</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth- place <u>Ilwaco, Ore</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>Housewife</u>		
Name of wife ^{husband} <u>R. Morgan</u>					
Father's Name <u>unknown Graham</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>unknown</u>				Mother's Birthplace <u>—</u>	
Name of person giving In formation <u>Saml. Scott</u>				How related to deceased <u>Not at all</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute neuralgia heart</u>	How long <u>1 week</u>
Immediate <u>Heart Failure</u>	How long <u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. N. Miller</u>
	Address <u>Proctor & City Ind.</u>
Accident or Suicide?	



Name
in
Full

23

CERTIFICATE OF DEATH

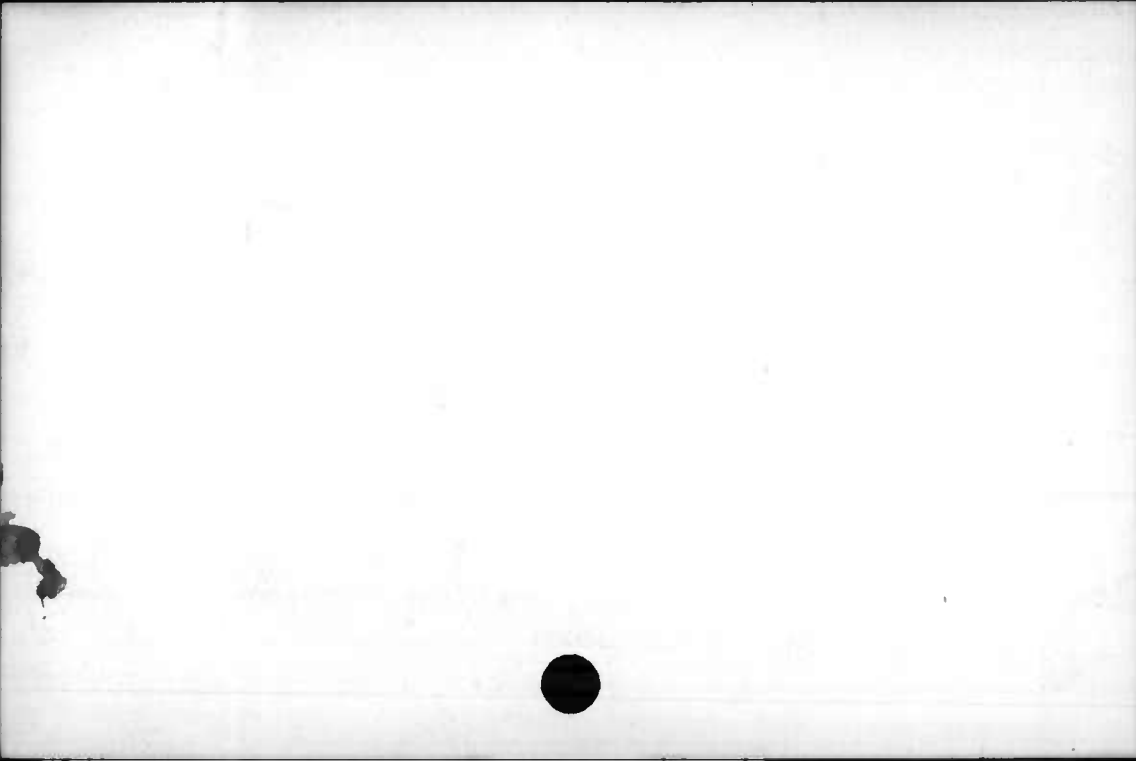
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Coatsburg</i>		Town <i>Coatsburg</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1902</i>	Month <i>Dec</i>	Day <i>14</i>	Age	Years	Months <i>6</i>	Days	<i>Months</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Somerset Co Md</i>		Where Residing if not at place of death <i>" "</i>		
Occupation <i>Labr</i>	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>John Payne</i>		Father's Birthplace <i>Somerset Co</i>		Mother's Maiden Name <i>Sammie Johnson</i>			
Mother's Name		Mother's Birthplace <i>Somerset Co Md</i>		How related to deceased			
Name of person giving Information <i>A & Payne</i>							

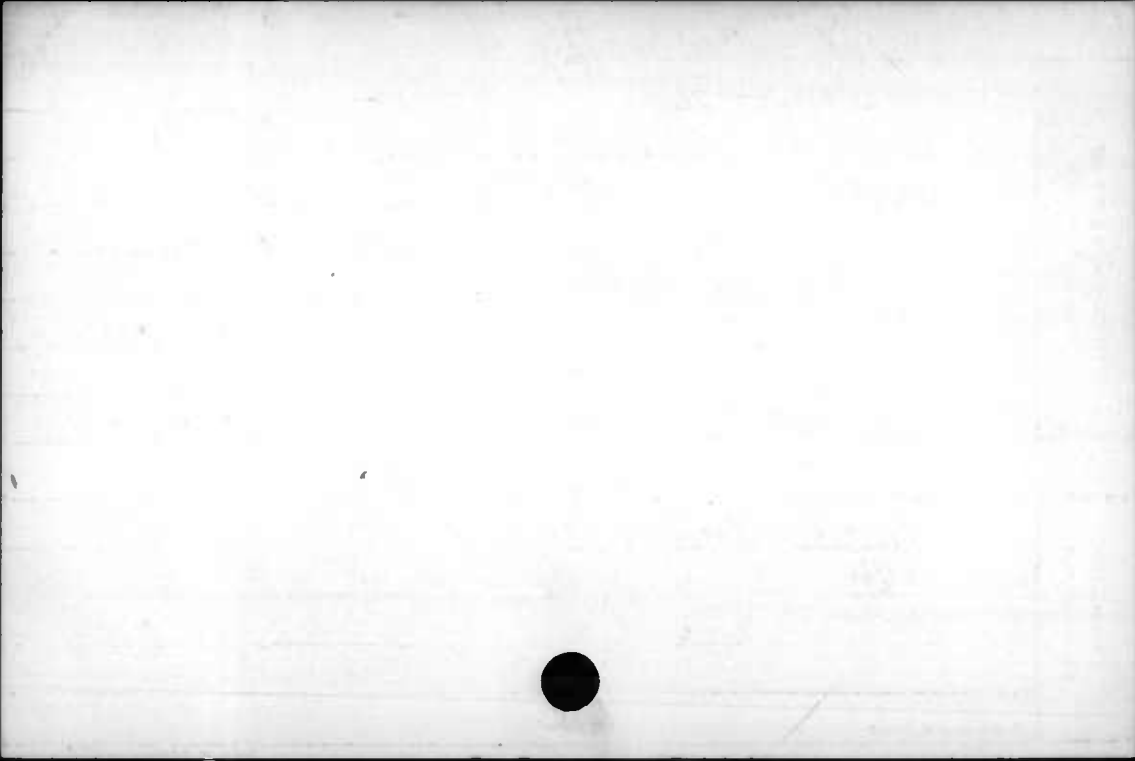
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Home in attendance</i>
	Address <i>Stevenson & Bro</i>
Accident or Suicide?	<i>Proctor & undertakers</i>



Name in Full <i>Mary Pinkett</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Chance</i> Town		<i>Somerset</i> County
	Date of death 190 <i>3</i> Month <i>Dec.</i> Day <i>28th</i>		Age Years Months Days
	Sex <i>Female</i>	Color or Race <i>Cream</i>	Birth-place <i>Somerset Co.</i>
	Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>
	Name of Wife or Husband <i>Chas. Pinkett</i>		
	Father's Name		Father's Birthplace
	Mother's Maiden Name		Mother's Birthplace
Name of person giving information <i>Chas. Pinkett</i>		How related to deceased <i>Husband</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Diabetes mellitus</i>		How long <i>2 mo</i>
	Immediate <i>Come</i>		How long <i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. J. Windsor M.D.</i>
	Address <i>James Quarter, med.</i>		
Accident or Suicide? <i>—</i>			



Name
in
Full

Alfred Porter

CERTIFICATE OF DEATH

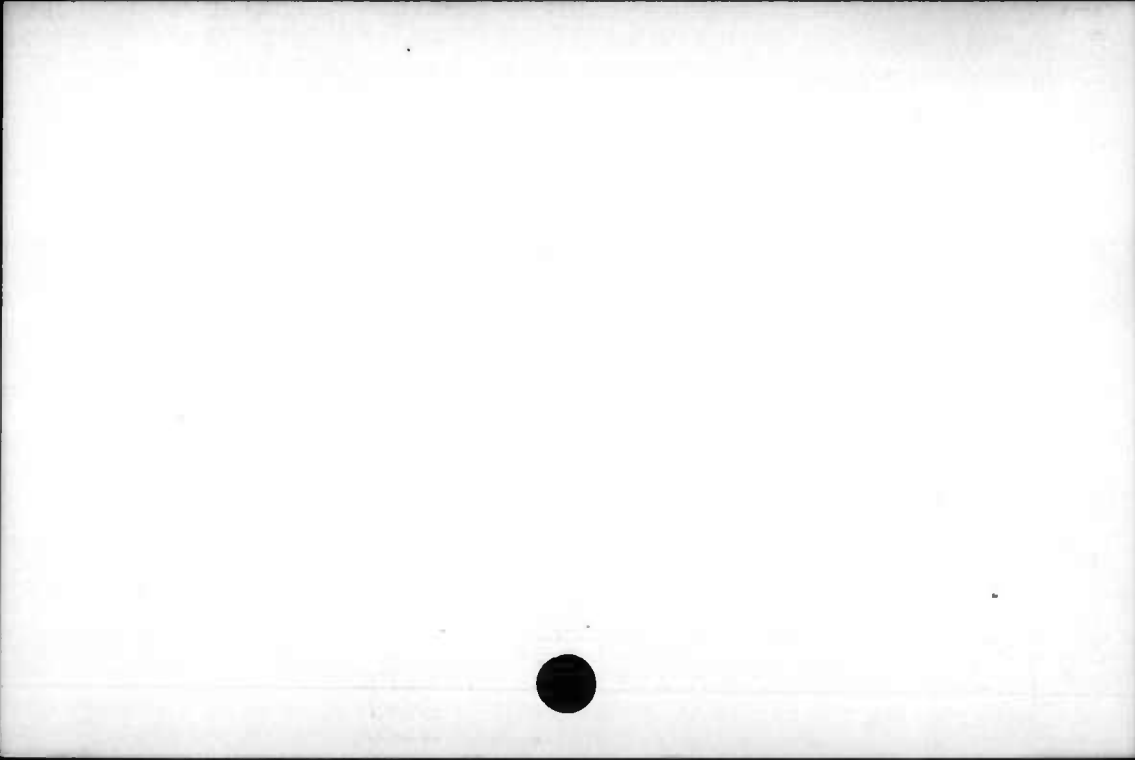
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Princes Anne</i>			County <i>Somerset</i>		MAYLAND	
Date of death 1903	Month <i>December</i>	Day <i>17</i>	Years <i>65</i>	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Rebecca Porter</i>						
Father's Name <i>—</i>				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>David Porter</i>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. J. Smith M.D.</i>
	Address <i>Bellevue</i>
Accident or Suicide?	



Amphine Reid
 Town _____ County _____
 Died at *Purcell and Somerset CO MARYLAND*
 Date 19 *Dec 21* Month *Dec* Day *21* Y. *18* M. *52* D. *52* Native of _____ Occupation *Laborer*
~~Male~~ *White* ~~Married~~ *Widow* ~~Female~~ *Colored* ~~Single~~ *Widower* Number of children living *9*
 Husband of *Edward Reid*
 Wife *John Daxhill* Father's Name *Elyza Daxhill* Mother's Maiden Name *Elyza Daxhill*
 Cause of Death { Primary *Apoplexy* Immediate _____ How long sick _____
 Accident, Suicide, Homicide _____

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robert Ross

CERTIFICATE OF DEATH

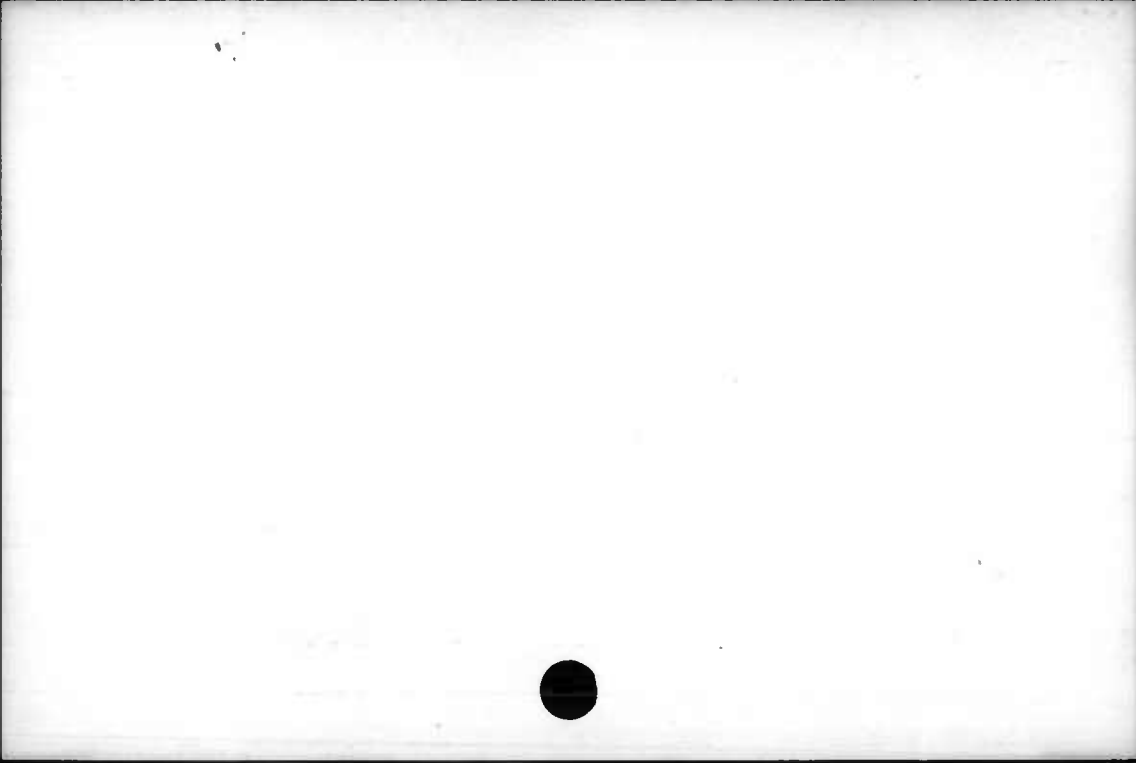
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orville</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>84</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Cyberman</i>		
Name of Wife or Husband <i>Katie</i>					
Father's Name <i>William Ross</i>			Father's Birthplace		
Mother's Maiden Name <i>Sallie</i>			Mother's Birthplace		
Name of person giving information <i>Wm Ross</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular</i>	How long
Immediate <i>Heart Disease</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Hoyt M.D.</i>
	Address <i>Orville P.O., Ind.</i>
Accident or Suicide? <i>No.</i>	



MARYLAND

Town Manokin County Somerset
 Died at 1903 Month 12 Day 12 Y. 2 M. 2 D. 2 Native of MD Occupation 11
 Date 12 Age 2 Married Widow Divorced
 Male White Colored Single Widower Number of children living
 Female

Husband of

Wife

Father's Name L H Waters
 Mother's Name Whelemers, Waters
 Maiden Name

Cause of Death { Primary Head fall How long sick 2 days
 { Immediate Accident, Suicide, Homicide

Reported by

Address

George H. Hall, Undertaker
Manokin, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Matilda Woodford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Dec		26		Age 86	
Sex		Female		Color or Race		Black	
Married, Single or Widowed		Widowed		Occupation		—	
Name of Wife or Husband		Daniel Woodford					
Father's Name		William Benell				Father's Birthplace	
Mother's Maiden Name		Virginia ..				Mother's Birthplace	
Name of person giving information		Geo W White				How related to deceased	
						Sondra Lane	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Geo W Noble	
Address		Undertaker	
Accident or Suicide?		Munie O. O. Md.	

